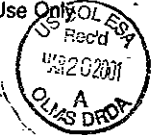



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

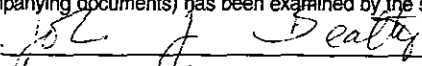
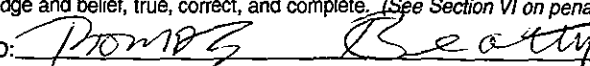
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 003-371	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____		
THOMAS BEATTY (2) 003-371 110 LABORERS AFL-CIO LU 223 12-A EVERGREEN ST DORCHESTER, MA 02122 12/2000 			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number 14	SACKS + LYNCH, CPA'S 200 RESERVOIR STREET, NEEDHAM MA 02494

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  03/14/2001 (617) 282-0180 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  3/14/2001 (617) 282-0180 Date Telephone Number	TREASURER (If other title, see instructions.)
---	--	--	--

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1510

19. What is the date of your organization's next regular election of officers? MO 04 YEAR 2001

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>8-70 21-</u> per <u>MONTH</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>450</u>
(c) Transfer Fees	\$ <u>- 0 -</u>
(d) Work Permits	\$ <u>- 0 -</u> per <u> </u> (Month, Year, etc.)

- | | | |
|--|------------------------------|--|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 003 - 371

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash		733788	1095171
	26. Accounts Receivable			
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	54783	43695
	31. Other Assets	3	1000	1000
	32. TOTAL ASSETS		789571	1139866

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable		27434	27314
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4	60000	
	37. TOTAL LIABILITIES		87434	27314
	38. NET ASSETS (Item 32 less Item 37)		702137	1112552

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 003 - 371

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			358516	56. To Officers	9		258151
40. Per Capita Tax				57. To Employees	10		
41. Fees			127053	58. Per Capita Tax			218536
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		40763
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies				62. Professional Fees			9750
46. Interest			35025	63. Benefits	11		99224
47. Dividends				64. Contributions, Gifts & Grants	12		13696
48. Rents			26650	65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			22177
50. Loans Obtained	8			67. Withholding Taxes			90039
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14		753555	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		187080
55. TOTAL RECEIPTS			1300799	74. TOTAL DISBURSEMENTS			939416

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 003-371

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____			NONE		
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	NONE
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 003-371

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. DEPOST Auto LEASE	1000-
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1000
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2. NONE	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 36, Column (D)	


FILE NUMBER: 100-441111

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Form LM-2 (Revised 2000)

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 003 - 371

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. <i>NONE</i>			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		0
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.			<i>NONE</i>		
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					0
Enter the Totals from Line 6 in  Item 34 Column (C)  Item 50  Item 70  Item 75 with Explanation  Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 003 - 371

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*						
1. BEATTY Last Name JOHN First Name PRESIDENT Title Status C			64930		5450		70380
2. WALSH Last Name JOHN First Name VICE PRESIDENT Title Status C					1500		1500
3. WALSH Last Name MARTIN First Name BUSINESS MGR Title Status C			121197		12750		133947
4. BEATTY Last Name THOMAS First Name SECRETARY TREAS Title Status C			110963		8650		119613
5. WHITAKER Last Name HAROLD First Name RECORDING SECTY Title Status C			1462		5450		6912
6. ERSKINE Last Name PHILIP First Name TRUSTEE Title Status C			2538		1500		4038
7. MULKERRIN Last Name MICHAEL First Name EXECUTIVE BOARD Title Status C			4300		1500		5800
8. Totals from additional pages (if any)					6000		6000
9. Totals of Lines 1 through 8			305390		42800		348190
					10. Less Deductions 90039		
Enter the Total from Line 11 in Item 56 ➡					11. Net Disbursements 258151		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: _____

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
2. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
3. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
4. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
5. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7						
9. Less Deductions						
Enter the Total from Line 10 in Item 57 ⇨				10. Net Disbursements		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 003 - 371

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH + WELFARE	FUND	65343
2. PENSION	FUND	32881
3. SCHOLARSHIP	FUND	1000
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		99224
Enter the Total from Line 6		Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. MISC. ORG. CHARITIES	
2. FLOWERS + FRUIT	
3. BASKETS	13696
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	13696
Enter the Total from Line 8 in	
Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. TELEPHONE	16046
2. ELECTRIC	3858
3. FAX LEASE	579
4. RENT	12000
5. OFFICE SUPPLIES	8280
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	40763
Enter the Total from Line 8 in	
Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. DUES REDUCTION REFUND	735794
2. LATE FEES	8586
3. REFUNDS	9175
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	753555
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. AUTO	7889
2. AUTO LEASE	16034
3. INSURANCE	9276
4. CONVENTIONS + CONFERENCES	5745
5. PRINTING	3402
6. TESTIMONIALS + BANQUETS	2974
7. PICKET EXPENSE	5490
8. T SHIRTS + PINS	12768
9. ADVERTISING	1751
10. CONSULTING	8600
11. ALARM	1200
12. BNA REPORT	938
13. REPAIRS + MAINTENANCE	11837
14. WATER/SEWER	1086
15. REAL ESTATE TAXES	4956
16. Total from additional pages (if any)	93134
17. Total of Lines 1 through 16	187080
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
LABORERS AFL-CIO LOCAL UNION 223

ENDING DATE OF PERIOD COVERED:
DECEMBER 31, 2000

FILE NUMBER: **003-371**

PAGE **1** OF **2** ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: COLLIE First Name: HUGH Title: TRUSTEE Status: C				1500		1500
Last Name: CONNOLLY First Name: STEVE Title: TRUSTEE Status: C				1500		1500
Last Name: GAIN First Name: JAMES Title: SERGEANT AT ARMS Status: C				1500		1500
Last Name: WILLETTE First Name: DENNIS Title: EXECUTIVE BOARD Status: C				1500		1500
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals				6000		6000

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____ - _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Totals					

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

SCHEDULE 15 - LINE 16 - OTHER DISBURSEMENTS

PERSONAL PROPERTY TAX

120

REFUND

72

CHRISTMAS EXPENSE

32312

FLU SHOTS

630

LAWSUIT SETTLEMENT

60000

19134

